VIDEO TRAINING SIGN-OFF FORM

Student Management and Securement Video Training

Employee Name: _____ Phone#: _____

Instructions:

- Go to www.visionmidwest.com
- Click on Employee Portal
- Type in password: vision (all lower case)
- Click on Training Resources tab and watch videos

	Video Name	Length	Date Completed
Student Management Class		**1.5 hrs**	☐ Online_____ ☐ In Person_____
1	Student Management	**31 min**	
2	Inside the Mind of a School Bus Driver	**16 min**	
3	School Bus Mgmnt Refresher	**18 min**	
4	Special Needs Training	**28 min**	
5	Wheelchair Securement	**12 min**	
6	Transporting Students with Emotional Disabilities	**5 min**	
7	SPED Bus Evacuation	**20 min**	
8	Extreme Student Behavior	**5 min**	
9	Securing Student w\Harness	**2 min**	
10	Securing Student w\Harness #2	**9 min**	
11	Securing Student w\Harness#3	**6 min**	
12	Q'Straint QRT Max Wheelchair	**5 min**	
13	Jacket Removal for Car Seats	**2 min**	
	TOTAL	☐ **3 hrs** In Person Class	☐ **4.5 hrs** Online Class

By signing below, I acknowledge that I have viewed all videos. Turn in completed form to trainer

Employee Signature Date